UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

## NOTICE OF ALLOWANCE AND FEE(S) DUE

20686

7590

04/08/2005

DORSEY & WHITNEY, LLP INTELLECTUAL PROPERTY DEPARTMENT 370 SEVENTEENTH STREET SUITE 4700 DENVER, CO 80202-5647 EXAMINER HOGAN, JAMES SEAN

PAPER NUMBER

ART UNIT

DATE MAILED: 04/08/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/658,051      | 09/09/2003  | Gary J. Thomas       | 1294/US/2           | 1940             |

TITLE OF INVENTION: SHOWER HEAD ASSEMBLY

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 07/08/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria Virginia 22313 145

|                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                              | or Fax                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                   | ginia 22313-1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| INSTRUCTIONS: This for appropriate. All further conindicated unless corrected maintenance fee notification                                                                                                                                                                                                                                | rm should be used for tran<br>rrespondence including the<br>below or directed otherwise<br>ns.  | smitting the ISSU<br>Patent, advance on<br>in Block 1, by (a |                                                                                                                                                            | - \ / /                                                                                                                                                                                                                                                                                                           | nired). Blocks 1 through 5 s<br>will be mailed to the current<br>;; and/or (b) indicating a sepa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | chould be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for        |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  20686 7590 04/08/2005                                                                                                                                                                                                                                       |                                                                                                 |                                                              |                                                                                                                                                            | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| DORSEY & WHITNEY, LLP<br>INTELLECTUAL PROPERTY DEPARTMENT<br>370 SEVENTEENTH STREET<br>SUITE 4700                                                                                                                                                                                                                                         |                                                                                                 |                                                              |                                                                                                                                                            | I hereby certify that t<br>States Postal Service<br>addressed to the Ma                                                                                                                                                                                                                                           | rtificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for fining ISSUE FEE address PTO (703) 746-4000, on the control of the c | g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile |
| DENVER, CO 80202-5647                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                              |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Depositor's name)                                                                       |
| ,                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                              | •                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Signature)                                                                              |
|                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                              |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Date)                                                                                   |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                           | FILING DATE                                                                                     | ·                                                            | FIRST NAMED IN                                                                                                                                             | VENTOR                                                                                                                                                                                                                                                                                                            | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                                                         |
| 10/658,051                                                                                                                                                                                                                                                                                                                                | 09/09/2003                                                                                      |                                                              | Gary J. Tho                                                                                                                                                | mas                                                                                                                                                                                                                                                                                                               | 1294/US/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1940                                                                                     |
|                                                                                                                                                                                                                                                                                                                                           | HOWER HEAD ASSEMBL                                                                              |                                                              |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| - APPLN. TYPE                                                                                                                                                                                                                                                                                                                             | SMALL ENTITY                                                                                    | ISSUE FI                                                     | EE                                                                                                                                                         | PUBLICATION FEE                                                                                                                                                                                                                                                                                                   | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                 |
| nonprovisional                                                                                                                                                                                                                                                                                                                            | NO                                                                                              | \$1400                                                       | )                                                                                                                                                          | \$300                                                                                                                                                                                                                                                                                                             | \$1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 07/08/2005                                                                               |
| EXAN                                                                                                                                                                                                                                                                                                                                      | MINER                                                                                           | ART UN                                                       | IT                                                                                                                                                         | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| HOGAN, JA                                                                                                                                                                                                                                                                                                                                 | AMES SEAN                                                                                       | 3752                                                         |                                                                                                                                                            | 239-548000                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                                 |                                                              | (1) the names<br>or agents OR,<br>(2) the name of<br>registered atto<br>2 registered pa                                                                    | For printing on the patent front page, list ) the names of up to 3 registered patent attorneys agents OR, alternatively, ) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                           | RESIDENCE DATA TO B                                                                             |                                                              |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                                                                                                                                                                           | s an assignee is identified be<br>n 37 CFR 3.11. Completion                                     | elow, no assignee of this form is NO                         | data will appear<br>I a substitute for t                                                                                                                   | on the patent. If an assig filing an assignment.                                                                                                                                                                                                                                                                  | nee is identified below, the o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | document has been filed for                                                              |
| (A) NAME OF ASSIGN                                                                                                                                                                                                                                                                                                                        | EE                                                                                              | (B                                                           | 3) RESIDENCE: (                                                                                                                                            | (CITY and STATE OR CC                                                                                                                                                                                                                                                                                             | UNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                           | e assignee category or catego                                                                   |                                                              | inted on the paten                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   | Corporation or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oup entity Government                                                                    |
| 44a. The following fee(s) are enclosed:  Issue Fee                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                              | A check in the amount of the fee(s) is enclosed.                                                                                                           |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                           | small entity discount permitte                                                                  | ed)                                                          | Payment by credit card. Form PTO-2038 is attached.                                                                                                         |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| Advance Order - # of Copies                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                              | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| 5. Change in Entity Status                                                                                                                                                                                                                                                                                                                | (from status indicated above                                                                    | :)                                                           | _                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| a. Applicant claims S                                                                                                                                                                                                                                                                                                                     | MALL ENTITY status. See                                                                         | 37 CFR 1.27.                                                 | b. Applicant                                                                                                                                               | is no longer claiming SMA                                                                                                                                                                                                                                                                                         | LL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CFR 1.27(g)(2).                                                                          |
| The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec                                                                                                                                                                                                                                                          | is requested to apply the Issu<br>Publication Fee (if required) vords of the United States Pate | ne Fee and Publicate vill not be accepted and Trademark      | tion Fee (if any) of<br>I from anyone oth<br>Office.                                                                                                       | or to re-apply any previous<br>ner than the applicant; a reg                                                                                                                                                                                                                                                      | ly paid issue fee to the applications and attorney or agent; or t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ation identified above.<br>he assignee or other party in                                 |
| Authorized Signature                                                                                                                                                                                                                                                                                                                      |                                                                                                 | <del>-</del> -                                               | Date                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| Typed or printed name                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                              | Registration No                                                                                                                                            |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |
| This collection of information application. Confidential                                                                                                                                                                                                                                                                                  | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C.                                       | 11. The informatio<br>122 and 37 CFR                         | n is required to ol                                                                                                                                        | btain or retain a benefit by ion is estimated to take 12                                                                                                                                                                                                                                                          | the public which is to file (an minutes to complete, includi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d by the USPTO to process)                                                               |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary deepinding upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

| APPLICATION NO.                     | FILING DATE                                             | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |
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| 10/658,051 09/09/2003               |                                                         | Gary J. Thomas       | 1294/US/2               | 1940             |
| 20686                               | 7590 04/08/2005                                         |                      | EXAM                    | INER             |
| DORSEY & WHITNEY, LLP               |                                                         |                      | HOGAN, JAMES SEAN       |                  |
|                                     | INTELLECTUAL PROPERTY DEPARTMENT 370 SEVENTEENTH STREET |                      |                         | PAPER NUMBER     |
| SUITE 4700<br>DENVER, CO 80202-5647 |                                                         |                      | 3752                    |                  |
|                                     |                                                         |                      | DATE MAILED: 04/08/2005 |                  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.